Ballot Approved at Spring Meeting

Kyle Vanderford, CRNA, Chairman of the Nominating Committee is pleased to announce that the ALANA membership approved the 2008 slate of candidates for the upcoming election at the Annual Business Meeting of the ALANA during the Spring Meeting in Destin.

“It was my goal to fill the slate with highly motivated CRNA leaders from across the State. I think we have candidates from every geographic area and from both rural and metropolitan areas. Diversity in location and practice setting adds strength to the effectiveness of the Board to deal with complex issues. I am very pleased to offer this year’s slate of candidates. Thanks to each of them for their willingness to serve the ALANA.”

Kyle Vanderford CRNA

ALANA 2008 Candidates

President Elect
Michael Fiedler
Bruce Von Hagel

Treasurer
Frank Saliba
(unopposed)

Board of Directors at Large
David Fort
David Hambright
Matt Hemrick
Jen Overton
Kyle Vanderford
Joe Watkins

Nominating Committee Chairman
Megan Glass
Andrew Morris
As I ride home from Sandestin, I squeeze the car door handle with a tight death grip, type with one finger, and pray for safe delivery. My wife’s lead foot and Dale Earnhardt Jr. antics would rob the facial color from even the steeliest of men. Despite my legitimate fear of death, my senses are heightened, and I will take this opportunity to update you on recent ALANA events.

This year’s Spring meeting in Sandestin was one of our most successful ever. Ronnie Whorton, Bruce Von Hagel, and the Program Committee pulled off another amazing conference. We had record attendance, accomplished speakers, distinguished guests, and world class facilities. We presented our highest award, The ALANA Distinguished Service Award, to Dr. Joe Williams for his lifetime of service and commitment to the ALANA and our great profession. His long dedication to our members and our nurse anesthesia students made him a worthy recipient of this high honor. For the first time, we held a student breakout session for our nurse anesthesia students. They had the opportunity to network with other network with other students, to meet AANA leadership, and to learn about topics relevant to them. During our business meeting, we presented our new slate of ALANA candidates. Kyle Vanderford and the Nominating Committee did an amazing job soliciting talented candidates for our upcoming ballot. These individuals should be commended for their willingness to lead our profession. The pessimist complains about the wind. The optimist expects it to change. The leader adjusts the sails. These willing recognize the crucial importance of professional involvement and have raised their mainsail, taken hold of the helm, and are adjusting the sails to navigate our profession into better waters. Each of you have the opportunity to “man the ship” as well. Offer your talents for committee work, participate in the ALA-CRNA PAC, support our grassroots efforts, communicate your issues of importance, and share your connection to political leaders with the ALANA. Much like the responsibility a ship captain bears for his passengers, you too should consider your professional participation as an obligation to ensure the safe-keeping of your livelihood. You play a vital role in the strength and success of our profession in Alabama. Get onboard!

After the conclusion of our business meeting, the foul weather couldn’t even stop our determination to hold our famous beach party. We partied in the exhibit hall with Caribbean music, chicken and grouper fingers, spicy sauces, fat broiled shrimp, tangy penne pastas, tropical fruits, and, of course, cold adult beverages. Even our little tikes had fun dancing to the music and rolling their hips inside hula-hoops. The ALA-CRNA PAC held an amazingly successful event as well. The PAC successfully raised thousands of dollars auctioning priceless items. I even lost my favorite yellow cone hat to a rogue auctioneer. It all went to a good cause, and fun was had by all. If you missed the PAC event, you can still...
make a difference in your profession by visiting our website and enrolling in the ALA-CRNA PAC program. If you missed the beach party, you should have been there!

The crunch of the warm sand under my feet, the squawk of a squadron of black headed seagulls diving for Pringles potato chips launched into the air by my daughter, the sting of my sunburned shoulders, and a fleet of leisure boats scattered across a sandbar just off the scenic Destin bridge, these memories are painted in my mind as I reflect on the events of our remarkably successful meeting. If you missed this year’s ALANA Spring meeting, mark your calendar now to attend next year’s event. It truly is one of the best meetings in the country.

Prior to the ALANA Spring meeting, a delegation of ALANA members attended the AANA Midyear Assembly in Washington, DC. Our group advocated for your profession with our federally elected officials addressing issues of importance on a national level. Many of this year’s federal issues continue to focus on the chronic problems with Medicare reimbursement cuts and its complex and problematic formula for a sustainable growth rate (SGR). Nurse anesthesia education funding and anesthesia payment teaching rules were discussed as well. Your profession was well represented and warmly received in DC.

While we communicate our issues on a federal level, we continually engage our state officials on issues of importance to our profession and practice in the state. Our government relations committee and Franklin Resources Group continue to make substantial inroads with our state elected officials. We have favor with many influential members in the Alabama Legislature, and we will continue to promote our long-standing profession with these important members. If you or a family member have a connection to one of these very important elected individuals, please do your part, and communicate this to your ALANA leadership. Your participation in promoting our profession with state political leaders is vitally important. All hands on deck!

Of extreme importance this Spring/Summer is the new process for verification of certification/re-certification between the Alabama Board of Nursing (ABN) and the National Board on Certification and Recertification of Nurse Anesthetists (NB-CRNA). Non-compliance to the ABN’s new rules can yield significant negative consequences to CRNAs practicing in Alabama. I strongly encourage you late risers, chronic procrastinators, and three snooze button pushing members- I’m a card carrying member of this group also, to NOT WAIT UNTIL THE LAST MINUTE TO SEND IN YOUR RE-CERTIFICATION MATERIAL TO THE NBCRNAs! Please read the enclosed article detailing this new process.

We continue to focus on leadership development as a strategic initiative. Illustrating our dedication to this initiative, the ALANA will co-host, with Samford University, Dr. Judith Briles at our Fall meeting. She speaks nationally on leadership related issues in healthcare. As many of you ascend in your professional career, the ALANA remains committed to ensuring you have the tools to succeed in your leadership role, both inside and outside of the operating room. If you are in a leadership position or are likely to move into a leadership role, plan to attend the ALANA Fall Meeting at the Wynfrey in Birmingham.

Patient safety must be every healthcare professional’s first priority. The first and integral part of the ALANA’s mission is to advance quality anesthesia care. This requires us to place patient safety over every other aspect of our care. While no incident has been linked to any anesthesia professional, CRNA or anesthesiologist, in Alabama, a few rare individuals on both sides of our respective professions unfortunately chose to disregard our foremost priority to maintain unwavering resolve on patient safety issues. These individuals chose to disregard established standards of care, and as a result, several patients have now contracted hepatitis. Thousands have been potentially exposed in Nevada, New York, and Indiana. Never, never, never re-use needles or syringes on more than one patient! These items are single use. There is no excuse for deviating from this standard. You will likely hear the term “Never Event” in the future. Re-using a needle or syringe on multiple patients is a “Never Event.” Do not lower your standards of care. Do not let yourself be forced or coerced into lessening your professional standards by anyone. Our patients place their lives in our hands. Take care to ensure you continue to earn their trust.

As the dog days of Summer approach and you plan your family vacations and trips to the ball park, I would like to conclude by asking you to take the time to reflect on your profession. Honestly ask yourself if you are doing your part to take control of your future. What tangible efforts are you doing to support your profession and thus your livelihood? Are you sitting in the stands or swinging the bat? Join your colleagues. Lace up your shoes. Put on the jersey. Step up to the plate, and swing for the fence! If I survive the car ride home, I will be the first to greet you on the field.

Shannon Scaturro, CRNA, MSN
President, ALANA
Dear Members,

Last year the Alabama Board of Nursing (ABN) changed their requirement for notification of certification and recertification for all Advanced Practice Nurses in Alabama. The ABN now requires that they receive notification of certification and recertification directly from the certifying body, which for CRNAs is the newly reorganized National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA). The Alabama Association of Nurse Anesthetists (ALANA) has worked on your behalf to facilitate communication between the ABN and the NBCRNA to establish a notification processes that will meet the requirements and needs of both entities and require a minimum of effort on the part of our members.

Effective immediately, the NBCRNA will send an electronic file to the ABN that will include all newly recertified CRNAs who have an Alabama address. These electronic transmissions will occur every two weeks throughout the recertifying period and will increase in frequency as the deadline of July 31st approaches. The individual CRNA who holds Alabama licensure and has an Alabama address will need to do nothing to initiate or facilitate this automatic notification from the NBCRNA to the ABN. Those individual CRNAs who hold Alabama licensure and have an address that is outside of Alabama must contact the NBCRNA themselves to request that notification be forwarded to the ABN. The NBCRNA recommends contacting them via e-mail at recert@aana.com.

As in previous years, it is incumbent upon individual CRNAs to send their completed application for recertification to the NBCRNA as soon as possible. Ideally, individual CRNAs should send their completed applications to the NBCRNA on the day it is received. The AANA Website is host to detailed information about recertification under the CREDENTIALING tab. Information on this site and recent experience suggests that it takes the NBCRNA approximately four weeks to process an application from April through July. Due to the high volume of applications received in July, processing times are longer.

The AANA website offers a tool individual CRNAs and their employers can use to check the status of their application. Under the CREDENTIALING tab, there is another tab for CREDENTIAL VERIFICATION. Within this section is a tool to verify the current status of an individual CRNA. Likewise, the ABN has a verification tool on their website.

Alabama CRNAs must be mindful that their Advanced Practice Authorization is granted by the ABN and expires on the date listed on their individual card issued by the ABN. For CRNAs recertifying this year, the expiration date is July 31, 2008. Alabama CRNAs recertifying this year should do the following:

- Send completed recertification applications to the NBCRNA as soon as possible
- Consider sending the application via certified mail or other means to have a receipt of delivery
- If you have not received your application for recertification, contact the NBCRNA immediately
- Monitor the AANA website to verify renewed recertification
- Monitor the ABN website to verify renewed authorization to practice
- Make certain the AANA and ABN have your current address

For clarification, the ALANA has functioned as facilitator between the ABN and the NBCRNA to advocate for our members in developing a smooth process for notification. The ALANA has no control over the actions, responsibilities, or duties of the ABN or the NBCRNA.
Important Recertification Update: New Procedure for Notification of the Alabama Board of Nursing

Finally, we have received some further information from the ABN that you may find helpful.

Alabama Board of Nursing Requirements for CRNA Practice

• The Alabama Board of Nursing RN license and APN-CRNA approval period covers two years: 1/1/2007 – 12/31/2008. On-line renewal for the 2009-2010 RN-APN license period and fee payment begins on September 1, 2008. Check www.abn.state.al.us > License Lookup for the status and expiration date of your Alabama Board of Nursing RN & CRNA records. Update your mailing address on the ABN website. Multi-state nursing licenses from other states are not valid in Alabama.

• The Advanced Practice Nursing – CRNA card expires with the RN license (12/31/2008) or your CRNA specialty certification as recorded in ABN records (7/31/2008; 7/31/2009, etc), whichever date comes first. Check the Effective Dates on your Alabama CRNA card for the expiration date currently on file in your ABN records (example: 1/1/2007 - 7/31/2008). If your CRNA certification expires in 2009 or 2010 and ABN received the information, the Effective Dates on your Alabama CRNA card should go thru 12/31/2008.

• The Alabama Board of Nursing requires verification directly from the APN specialty certifying organization, regardless of specialty, confirming the recertification for the individual APN. ABN accepts the recertification in the certifying agency’s format and does not require a special reporting form. Your approval to practice as a CRNA in Alabama CRNA will lapse if the Board of Nursing has not received verification of your recertification directly from NBCRNA prior to the expiration date of your ABN CRNA card. Recertification reported to ABN by close of business on 7/31/08 will be updated on 7/31/2008.

• There is no charge for the update if your recertification is reported to ABN prior to the expiration date (example: no later than 7/31/2008). There is no grace period. If your CRNA status lapses on 8/1/2008, you must submit the APN Reinstatement application and fee. Practicing in Alabama as a CRNA after the expiration date on your CRNA card will result in disciplinary action.

• After your CRNA recertification is recorded (example: 7/31/2010) the ABN mails a new APN wallet card to you for the remainder of the current RN license period (expires 12-31-2008). Allow one week for routine updates of certification records after reported by NBCRNA. ABN License Lookup is updated once daily. Allow two weeks for mail delivery of the updated wallet card.

• For more information: www.abn.state.al.us > Advanced Practice. Send email to us on the Board Contact directory. Inquiries by email allow us the opportunity to review your record thoroughly and report back to you more efficiently. Contact: Charlene B. Cotton, MSN, RN, Nurse Consultant for Advanced Practice Nursing, charlene.cotton@abn.state.al.us, or Misti Broadnax, Administrative Assistant, misti.broadnax@abn.state.al.us
UAB junior students are finishing another busy spring schedule as they complete academic responsibilities as well as prepare for the beginning of their clinical education. After participating in simulation experiences, anesthesia machine check off labs, hemodynamic monitoring labs, regional anesthesia labs, and shadowing current senior students you can see the eager anticipation for more clinical experience. Senior students are now moving through specialty rotations in anesthesia, working on completing their senior project, and preparing for anesthesia boards.

UAB would like to thank ALANA for their support of students for the annual spring meeting. The students really enjoyed the speakers, breakout session, and the atmosphere of the meeting. These events not only give the students a break from the normal activities of their week, but it allows them to see how their association functions. Current students will be our future association leaders, thank you to ALANA for being so generous.

The UAB Nurse Anesthesia Program was privileged to host the first annual career day for nurse anesthesia students at the Wynfrey Hotel in Birmingham on Saturday, April 26th. There were recruiters, CRNAs, and human resource staff from hospitals and groups throughout the southeast spanning from Texas to Georgia. All current nurse anesthesia students from both UAB and Samford were invited to attend this event. This is our way of assisting with job placement for nurse anesthesia students in a time where jobs are not readily available in the Birmingham market. Thanks to Mrs. Maggie Hawkins for her work on obtaining vendors and assisting with the selection of the location for the event.

Finally, we would like to recognize two students for their recent accomplishments. Chera Oliver, UAB ALANA Student Representative completed a mentorship in Washington D.C. during the AANA Mid-Year Assembly. We would like to thank her for her representation of the UAB Nurse Anesthesia Program. Jeremy Lee was recognized at the UAB honors day and received the Outstanding Student in the School of Health Professions, Nurse Anesthesia Program award for academic excellence.
Samford Nurse Anesthesia Program held its first Alumni Reception and Silent Auction at the Spring ALANA Destin meeting. It was great to visit with former students, clinical faculty, and CRNAs from across the state. Thanks to the Class of 2009, especially Erica Haynes, SRNA, who combed the streets of Birmingham for great auction items. Also, a special thanks to those individuals who participated in the bidding. Proceeds from the auction will be used to support student participation at state and national professional meetings.

Congratulations to Cindy Bass, SRNA who has been chosen to represent the Samford program at the Anesthesia College Bowl at the AANA Annual Meeting in Minneapolis, MN in August. Cindy, we will be there to cheer you on!

Several nurse anesthesia students were honored at the Ida V. Moffett School of Nursing Awards Day in April. Our program is proud of the following award recipients:

Brian Brister, SRNA – recipient of the Elizabeth Calhoun Memorial Award for the student who demonstrates qualities of leadership, integrity and a passion for serving those in need.

Beth Eastis, SRNA – recipient of the Academic Achievement Award for the highest grade point average of all graduate students.

Erica Haynes, SRNA – recipient of the Lucille Stewart Beeson Nursing Award, for a first-year graduate student who embodies leadership, service, academic excellence and Christian witness.

Sandra Ouellette, CRNA, FAAN visited our campus in May and provided the Class of 2008 with a two-day seminar on nurse anesthesia practice issues. The students marveled at Sandy’s many accomplishments and were energized by her dynamic enthusiasm for our profession.

Congratulations to Samford alumnus Tara Ray, CRNA, Class of 2006 for being named chief CRNA at Magnolia Regional Health Center in Corinth, MS. We are proud of you Tara, and we look forward to our upcoming affiliation with your hospital.

As we welcome the summer season, the Class of 2009 will begin their second year of study and will start their clinical rotations this June. The Class of 2008 is working towards completing their final months of clinical rotations as they approach graduation in October.

The Ida V. Moffet School of Nursing is currently accepting applications for the CRNA BSN to MSN Program. This 30-credit online program is created for the working CRNA who desires a MSN degree. The course of study can be accomplished in four semesters. Applications for the MSN program are available on-line at http://www.samford.edu/nursing/. Please join us for an information session on the MSN completion program and dinner on July 15 at 4:30PM. For RSVP and additional details call Mary Karlet, Program Chair, (205) 726 4273.
In April, we were privileged to attend the AANA’s Mid-Year Assembly in Washington D.C. with the ALANA delegation. We were in the hands of dedicated professional leaders. There is strength in numbers and we were in the company of over 500 AANA members and a record number of nurse anesthesia students in attendance. This is a trip each CRNA/SRNA should make! You gain a great appreciation for the diligent efforts made on behalf of nurse anesthetists nationwide. Impressive to say the least! These endeavors provide the heartbeat behind the pulse of this great profession. If you need a motivational thump, this is the place.

We were off to an early start Sunday morning with general sessions to learn more about the legislative process and political issues shaping healthcare policies important to nurse anesthesia practice. Current legislative issues included 1) reversal of Medicare cuts that threaten our seniors’ healthcare, 2) restoration of CRNA educational funding, and, 3) reformation of Medicare anesthesia payment teaching rules equitably. In the afternoon session, we attended the student “green course” to develop practical knowledge of the people and institutions making federal policy that affect nurse anesthesia practice and reimbursement. We then partook in activities to equip us with effective communication techniques to advocate for advancing health policy issues important to the patients, practice and profession of nurse anesthesia.

Monday began with the AANA President and committee reports; we later met the 2008 slate of candidates. That afternoon we met with members from our region (Region Seven) and each state president presented goals, accomplishments, and issues affecting their respective state, which, in turn, affects the practice nationally.

Did you know that the ALANA is the 9th largest association of nurse anesthetists? This translates to a loud voice in D.C. On that note, we carried our voice to “The Hill” on Tuesday to meet with our state congressmen and senators and/or their aides to discuss the aforementioned issues. We believe our concerns were well-received.

We then strapped on our running shoes and headed to Destin for the ALANA Spring Meeting in May – a wonderful combination of education and relaxation. This was the first year the ALANA hosted a student break-out session; one greatly appreciated according to your feedback. Thank you to those who afforded us the opportunity to join you at this meeting through the Sponsor-a-Student program and other initiatives.

To the seniors, as we near the end of formal nurse anesthesia training, may we not let the political efforts of those before us fade in vain. Keep your ear to the ground, support your local and national PAC, and be involved! May we also maintain the enthusiasm and excitement we experienced when we received our acceptance letters! To the juniors, keep it up - we look forward seeing you in clinicals!

Cyndi & Chera
Member in the Spotlight: An Interview with
Krista Niedermeier, MSNA, CRNA

Heather Rankin, CRNA

Krista Niedermeier, MSNA, CRNA
Staff CRNA
Children’s Hospital, Birmingham, AL
UAB School of Nursing, BSN   1989
UAB School of Nurse Anesthesia, MSNA  2006

How do you introduce yourself to your patients?
I introduce myself to the parents and the older children by saying, “Hi, my name is Krista Niedermeier, and I’ll be the nurse anesthetist taking care of you (or your child) today.” For the younger children, I tell them I’m the anesthesia nurse who will be taking care of them. I think they understand that I’m a nurse easier if I say it last.

Why did you choose to work in pediatrics?
I worked in the Neonatal Intensive Care Unit before I went to anesthesia school. I have always loved working with children throughout my career and I wanted to continue working with children in my anesthesia career. I love the interaction with the kids. Children are usually so brave when they come back to the operating room for surgery.

What is the most challenging thing about being a CRNA?
The most challenging thing about being a CRNA is that the general public does not know what a nurse anesthetist is or what we do. We need to explain not only to our patients but also to the general public about our job. We are there when the patients are awake to put them at ease; we are there the whole time they are asleep monitoring them, and we take them to PACU and make them comfortable after surgery, even if they don’t remember it. It is frustrating when patients and families don’t understand what we do.

Most Memorable CRNA moment?
I had a patient, a girl around three years old, who was scared of going into the OR. She let me carry her into the room, and then we did an inhalation induction with her sitting in my lap, singing songs.

The Member Spotlight is a new feature article for the ALANA NewsBulletin. With each issue, an ALANA Member will be interviewed and the results published. Our thanks to Krista for being our first participant and thanks to Heather Rankin for conducting and submitting the interview. If any member is interested in Spotlighting a fellow ALANA Member, please contact Jim Henderson or Heather Rankin.
My name is Krista Niedermeier

I’m the nurse anesthetist who will be administering your child’s anesthesia
The goal of every public relations campaign is to inform the public about who we are, what we do, and why they should care. We could spend thousands of dollars each year on print ads, billboards, TV spots, and radio ads to promote our profession ~ yet none of these could be near as effective as simply telling each patient that we are nurse anesthetists. Just think ~ we have more than 1000 members who each administer about 600 anesthesics per year. In just one year's time, we can get our message out to more than 600,000 patients. It has been said that Certified Registered Nurse Anesthetists are the best kept secret in all of healthcare. Well, it is time to let the cat out of the bag! It is time to get the word out.

When our patients know who actually administers their anesthetic, when our legislators know who actually administers anesthesia, when the general public recognizes us for the outstanding job we do every day with every anesthetic ~ then our public relations goal is met!

Take pride in advancing your profession ~ introduce yourself as a nurse anesthetist.

Our thanks to Krista Niedermeier, CRNA for volunteering to appear with her daughter in the Introduce Yourself campaign. Krista is a recent graduate of the UAB Nurse Anesthesia Program and is a Staff Anesthetist with Children's Hospital in Birmingham.

These posters will be on display at our meetings and will be published in future issues of the ALANA NewsBulletin. If you would like to be our next volunteer or know someone who would, please contact Jim Henderson at 706-882-5658 or e-mail at sandman3@charter.net. Help us spread the word.
COMPARISON OF LARYNGEAL MASK AIRWAY (LMA) PROSEAL AND THE LMA-CLASSIC IN VENTILATED CHILDREN RECEIVING NEUROMUSCULAR BLOCKADE
Lardner DRR, Cox RG, Ewen A, Dickinson D

ABSTRACT

Purpose
The purpose of this study was to compare the #2 LMA Proseal and the LMA Classic in pediatric patients during positive pressure ventilation with neuromuscular blockade.

Background
The Laryngeal Mask Airway (LMA) is commonly used in pediatric patients. The LMA-Classic (LMA-C) is associated with gastric insufflation and leaks during positive pressure ventilation. In adults, the LMA-Proseal (LMA-P) is associated with a tighter seal allowing for positive pressure ventilation with less of a leak than the LMA-C. Children, however, have somewhat different airway anatomy and lung mechanics compared to adults. Furthermore, neuromuscular blockade may increase the likelihood of airway leaks during positive pressure ventilation with an LMA. Airway leaks have increased in some adults being ventilated through an LMA when neuromuscular blockade was added. A size #2 LMA-P is now available. It differs in design, compared to adult sizes of the LMA-P, in that it lacks the dorsal cuff extension present on the adult sizes. It is this extension that has been thought to improve the seal of the LMA-P and allow positive pressure ventilation with less of a leak than when using the LMA-C.

Methodology
This prospective, randomized, single-blind study included a convenience sample of ASA physical status I or II patients weighing between 10 kg and 20 kg. All patients were undergoing elective day surgery requiring general anesthesia. Exclusion criteria included: risk for aspiration, asthma or other causes of reduced respiratory compliance, upper respiratory infection, and known or suspected difficult airway. All LMAs were new and inserted according to manufacturers instructions. Anesthesia was induced with sevoflurane and nitrous oxide using a pediatric circle system with carbon dioxide absorber. After induction, an IV was started and 0.2 mg/kg to 0.25 mg/kg mivacurium was administered. Anesthesia was maintained with isoflurane 1.8% to 2.5 %. Nitrous oxide was discontinued after induction. Neuromuscular blockade was confirmed with a peripheral nerve stimulator. Next, an LMA-P or an LMA-C was inserted according to the randomization procedure. The LMA cuff was inflated to 60 cm H2O. Head and neck position were standardized and maintained throughout the study period. Patients were mechanically ventilated with a Datex ADU ventilator in pressure mode. The fresh gas flow was 150 mL/kg/min. and inspiratory pressure was ≤ 20 cm H2O. The airway pressure at which the LMA began to leak was determined by auscultating the neck as airway pressure was rising. The
pressure at which a leak was audible over the thyroid cartilage was recorded. The volume of the leak during positive pressure ventilation was measured by comparing the inspiratory and expiratory tidal volumes during 20 consecutive positive pressure breaths delivered at 20 cm H2O. Capnometry was discontinued during this measurement to eliminate it as a source of gas loss from the circuit.

**Result**
Fifty-one patients were enrolled and randomized. One patient experienced inadequate ventilation and was withdrawn from the study. The time needed to insert the LMAs was almost identical in the LMA-C and LMA-P groups. The mean (standard error of the mean) airway pressure at which a leak began was 16.5 (1.0) cm H2O in the LMA-C group and 23.7 (1.9) cm H2O in the LMA-P group (P=0.009). The mean percent of tidal volume lost to leaks during 20 positive pressure breaths was 21.2% in the LMA-C group and 13.3% in the LMA-P group (P not significant). Gastric insufflation occurred in 46.1% of the LMA-C group and 8.0% of the LMA-P group during the study period (P=0.006). (At the end of the case, gastric distension was present in six LMA-C patients and four LMA-P patients.)

**Conclusion**
During positive pressure ventilation with neuromuscular blockade, the #2 LMA-Proseal was associated with a higher circuit pressure before a leak occurred and a lower incidence of gastric insufflation than the #2 LMA-Classic in 10 kg to 20 kg patients.

**Comment**
Using LMAs in pediatric patients is another one of those areas that demonstrates that pediatric patients are not just smaller versions of the adult patient. I must admit that I prefer not to utilize an LMA Classic in patients in the lower weight range of the sample due to the challenge in consistently achieving appropriate position and ventilation. However, the results of this nicely designed study are persuasive to try the LMA Proseal instead of the LMA Classic. Based on these findings, it seems that the LMAP may have better construction to address those anatomic differences found in the younger pediatric patients. Although I typically allow the patient to return to spontaneous ventilation after the LMA is placed, the ability to generate positive pressure ventilation with decreased risk of gastric insufflation, as shown with the LMAP, is attractive as a back up plan. Even with a sample size of only 51 children, this evidence, if nothing else, encourages me to revisit the use of LMAs in more pediatric patients to explore the purported advantages of the LMAP over the LMAC.

Terri M. Cahoon, MSN, CRNA

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Michael A. Fiedler, PhD, CRNA
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Maybe It's Time

If you have been thinking that now is the time to give back to the profession that has been so good to you, maybe you are right! It has never been easier to get started. To find out for yourself about the opportunities to serve, speak with any member of the ALANA Board of Directors. We will be glad to tell you about the opportunities, rewards, and challenges. Contact information for the current Board of Directors is listed in every issue of the ALANA NewsBulletin and is behind the ABOUT US tab on the web site. Isn't it about time you got involved?

Your Government Relations Committee is asking for your help. As a member of ALANA you are a vital part of the decision making process in the Alabama Legislature. Your contacts, relationships and knowledge of your legislator or any legislator in the State is pertinent to the success of our profession. Please answer the following questionnaire to help in our grassroots efforts. We would invite everyone to become a part of the Grassroots Team.

Do you know the State Senator or House of Representatives member where you live? If yes, who and how?

Do you personally know a State Senator or House of Representatives member not in your district? If yes, who and how?

Is there a government official at the state level that you personally know? If yes, who and how?

We are establishing a grassroots system to communicate with ALANA members all across the state. If you don’t currently know a legislator we’d like to introduce you to yours. We need you – would you be willing to work with our grassroots team?

Please send your responses, comments or questions to Susan Hansen your Government Relations Specialist, or Tom Mallory, CRNA, your Government Relations Committee Chair. We thank you in advance for your participation.

Susan Hansen
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Montgomery, AL 36106
334-244-2187 ext. 6 (office)

Tom Mallory, CRNA
Tmal7@knology.net
6393 Eastwood Glen Place
Montgomery, AL 36117
334-318-0785 (cell)
**What is the ALA-CRNA PAC?**
The ALA-CRNA PAC was established to increase the political influence of Alabama’s CRNAs in Montgomery and throughout the state. Since non-profit organizations like the ALANA are not permitted to engage in significant political activity and are restricted from making campaign contributions to political candidates, we established the ALA-CRNA PAC. It operates on the state level just like our National CRNA-PAC operates on the national level.

**Why do Alabama CRNAs need to have political influence?**
Alabama State Law defines our practice. Those who wish to change our practice use their political influence to change state law. Without political influence of our own, we have no chance of success in preventing legislative or regulatory changes that threaten our practice. We need this influence to defeat, change, or introduce legislation that affects our practice in Alabama. The ALA-CRNA PAC helps CRNAs elect and re-elect leaders in Montgomery who understand our industry and support our profession.

**How does the ALA-CRNA PAC earn political influence?**
Generally, political influence is achieved by having a personal relationship with an elected official, being able to deliver a substantial number of votes during an election, or making a substantial contribution of money to an election or re-election campaign. The ALA-CRNA PAC is effective through its use of the latter of the three methods.

**How does the ALA-CRNA PAC receive its funding?**
The ALA-CRNA PAC is funded solely through the voluntary contributions of Alabama's CRNAs. Since funding is not mandatory, the leadership of the ALA-CRNA PAC Committee must continuously solicit contributions. These contributions are used only for political contributions and nothing else. Member dues do not go to the PAC, only your generous contributions.

**How are the ALA-CRNA PAC Funds distributed?**
During the election cycle, the PAC Committee carefully reviews each candidate. We fund those candidates who are interested in our issues, have voted with us in the past, and are likely to do so in the future. We are completely non-partisan with regard to political party affiliation. The decision about how the contributions are spent is made not only by studying the candidates but also through your recommendations. Since this is your PAC, we listen to you about how the contributions are distributed.

**What can I do to help?**
The best way to help is to make a substantial contribution to the ALA-CRNA PAC and to inform the ALANA leadership of any personal or professional relationship you have with an Alabama legislator. We have a monthly credit card draft program that makes giving easy, painless, and convenient. We also accept single contributions by personal check or credit card. Every Alabama CRNA benefits from the efforts of the ALA-CRNA PAC and every Alabama CRNA should fund these efforts. Please do your part today to place importance on your profession and to get involved in your professional career. To donate to the ALA-CRNA PAC and to inform the ALANA leadership of a relationship you have with a state legislator, please fill out and return the form below or visit www.ala-crna.org and follow the link to the ALA-CRNA PAC. Thank you for donating to the ALA-CRNA PAC and recognizing the importance of your professional involvement!

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**ALA-CRNA PAC CONTRIBUTION FORM**

**Single Contribution**
Amount: $__________
- □ Check (enclosed)
- □ Credit Card

**Monthly Credit Card Program**
- □ Buck-a-Day ($30.00/month)
- □ Two Bucks-a-Day ($60.00/month)
- □ Three Bucks-a-Day ($90.00/month)
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Address:______________________
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Credit Card Information
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Mail to: ALA-CRNA PAC, Susan Hanson, 4120 Wall Street, Montgomery, AL 36106

www.ala-crna.org
Although the cherry blossoms festival was ending, the AANA Mid-Year Assembly was just beginning on Sunday, April 13, in Washington, DC. A group of members from the ALANA attended this year’s Assembly, which had the highest attendance ever – over 600 total, including over 200 students!

We hit the ground running Sunday morning in a general session reviewing issues for Capitol Hill and successful advocacy. This year’s assembly focused on three key issues for those of us headed to The Hill: stopping Medicare reimbursement cuts, reversing nurse education funding, specifically nurse anesthesia funding, and supporting HR 1932 – a bill that addresses Medicare and anesthesia teaching rules equity. A session from the State Presidents and Government Relations Committee Chair, in which state legislative and regulatory issues were discussed, consumed the afternoon.

Sunday evening was the PAC event. This year the event was held at Mount Vernon, and included a tour of President Washington’s estate, including his home which overlooks the Potomac River. After the tour, we dined at the Mount Vernon Inn and were entertained by Roland Mesnier, former executive pastry chef at the White House. Chef Mesnier dished out some of his favorite desserts and memories of the various Presidents and First Ladies during his twenty-five year tenure at the White House. Very entertaining and delicious!

Tuesday morning there were presentations from Representatives Michael Burgess and Xavier Becerra, William Wynne, Marilyn Yager and Colin Roskey, and staff members from the Centers for Disease Control. These speakers discussed healthcare policy, specifically healthcare policy which affects CRNAs. That afternoon nine members of the state association marched up to The Hill and made visits to the state senators’ and representatives’ offices. During these visits the key issues were discussed with the legislators and/or their staff. The afternoon was very productive; in each of these visits we expressed our concerns and were assured that they would be taken into consideration.

On a personal note, this was my first MYA to attend, and I learned much more than I could have imagined. There are so many issues that affect us professionally, and I encourage everyone to learn about these issues. It is so important for each one of us to be involved politically and to support our PAC, at both the state and national level. This is a great meeting, and I hope to see you in DC next year!
AANA Recommends Aetna Reinstate MAC for GI Endoscopy Citing Patient Outcomes

In a letter to Aetna Feb. 5, AANA President Wanda Wilson CRNA PhD urged the insurer to withdraw its new policy denying most payments for MAC by an anesthesia professional in GI endoscopy cases, and urged a meeting with AANA to advance the interests of patient safety.

“We believe Aetna’s new policy puts patient safety and outcomes at risk,” President Wilson wrote. “It erects new barriers between patients and the safest, most comfortable, most thorough and efficient method for delivering life-saving diagnostic GI endoscopy screenings. Further, the new policy inappropriately reserves for Aetna medical necessity decision-making that rightfully belongs with patients and healthcare providers such as Certified Registered Nurse Anesthetists (CRNAs) and physicians.”

Recognizing colon cancer is among the top causes of cancer deaths in the U.S., AANA President Wilson also stated, “For detecting colorectal cancers early, GI endoscopy screening is the sole, reliable method. Clearly too few people avail themselves of GI endoscopy screening, on account of several factors including discomfort and out-of-pocket cost. The value of having a CRNA provide propofol MAC for GI endoscopy is that it enables a more thorough, higher quality procedure in less time, a distinctly superior outcome relative to other methods of sedation for GI endoscopy…. Having established the benefits that CRNA-provided propofol MAC provides in safe GI endoscopy, we see that Aetna’s denial of coverage of a drug that makes patients more comfortable and thus enhances patient compliance with GI screenings intended to secure life-saving early detection of colorectal cancers could expose Aetna to liability.

AMA Banned From Negotiations As Senate Discussion Begins on Medicare Part B Reimbursement Fix

Senate Finance Committee Chairman Senator Max Baucus (D-MT) has banned the American Medical Association (AMA) from discussions about an upcoming Medicare package that would stop a 10% cut to physician fees. The cuts will go into effect on July 1st unless Congress intervenes, and would affect Medicare payments for CRNA services. AANA continues working on Capitol Hill to reverse these and future Medicare payment cuts. Apparently, “AMA lost the trust,” of Senator Baucus, “when it broke a confidentiality agreement about Medicare talks last year and informed state affiliates.” In addition, an aide said the Finance Committee criticized AMA for supporting a budget provision in 2006, then complaining about it later. The provision halted the scheduled cuts in exchange for larger cuts in later years. AMA has been pushing the Finance Committee to delay the cuts for 18 months and increase physician payments by 1.5% to cover cost increases.

On Thursday (February 14th), House Ways and Means Health Subcommittee
Chair Pete Stark (D-CA) said that he doubts Congress would be able to find the money for a patch and that the cut would go into effect. He also said he that he doubts AMA’s request for an 18-month delay would be approved. Congressman Stark said, “What we have to write is a complete new payment system. I hope we can talk about it this year and begin to think about what’s needed.” The committee is expected to mark up a Medicare bill in April or May to provide a temporary fix.

AANA Joins 31 Nurse Groups Urging a Stronger Title 8 Nurse Workforce Development Program

By participating in three simultaneous coalition efforts in Washington, the AANA joined 31 other nursing organizations in providing a statement of consensus principles Feb. 22 to a key Senate committee, urging a stronger Title 8 Nurse Workforce Development Act program by enhancing faculty development, supporting advanced practice education, and making the nursing traineeships program more flexible for doctoral-level educational programs.

Late January, the Senate Health, Education, Labor and Pensions (HELP) Committee requested ideas from the nursing community regarding reauthorization of Title VIII Nursing Workforce Development Programs. Recognizing that the Administration has the past two years urged elimination of Advanced Education Nursing funds – cuts Congress reversed at AANA’s request -- the AANA participated in a number of meetings with the broader nursing community to create a consensus document for the committee and to ensure that nurse anesthesia interests in the program are preserved, including grants to nurse anesthesia traineeships and reference to the Council on Accreditation of Nurse Anesthesia Educational Programs.

The consensus principles document for the Senate HELP committee marked the beginning of the reauthorization discussion. No hearing date has been set to discuss these programs in detail, and the outlook for the development of legislation reauthorizing Title 8 is unclear.

CMS Director Estimates Double Digit Medicare Part B Reimbursement Cut July 1st

The Center for Medicare and Medicaid Services (CMS) estimates that Medicare payments to physicians will decline by 10.6% below current levels on July 1st and by 15.4% below current levels on January 1st, 2009, under the current payment formula. CRNAs will be directly affected by this cut, and the AANA continues to work with members of Congress to fix this reimbursement inadequacy. The estimates were released on Friday (March 7th), in a letter from Jeffrey Rich, Director of the CMS Center for Medicare Management, to the Medicare Payment Advisory Commission (MedPAC). The cuts reflect an increase in the volume of services provided by physicians that exceeds growth targets.

Congress is working on a Medicare package that would block the cuts. One plan by the Senate Finance Committee would block all cuts in 2008 and 2009. Rich in the letter also outlined steps CMS is taking to improve quality and efficiency, including:

- Continuing and expanding the Physician Quality Reporting Initiative (pay-for-performance), which pays physicians an additional 1.5% of their billed charges for reporting quality-of-care data;
- Implementing “structural measures,” which include purchasing and using electronic health record systems;
- Intensifying efforts to collect and share data on physicians’ comparative costs to improve efficiency; and
- Testing pilot programs, which currently include one that pays for efficiency in treating chronic conditions and another that develops medical homes for beneficiaries.

Rich in the letter wrote, “The real issue is how Medicare can rapidly transform itself from a passive payer for services into an active purchaser of high-quality care by linking payment to the value of care provided.”

Over 600 CRNAs & Students Take Nurse Anesthesia Message to Capitol Hill at AANA Mid-Year Assembly

During the AANA Mid-Year Assembly (MYA) (April 13th – 16th), more than 600 CRNAs and student nurse anesthetists came to Washington, DC, to educate Members of Congress on Nurse Anesthesia issues. Attendees heard educational presentations from AANA Washington staff and experts from the Alston & Bird law firm health policy practice, from CRNA-friendly anesthesia teaching rules reform supporters Representatives Michael Burgess, MD (R-TX), and Xavier Becerra (D-CA), from senior Medicare-writing Senate Finance Committee staff, and from epidemiologist Dr. Michael Jhung of the Centers for Disease Control & Prevention. The AANA also extended its highest public policy honor, the National Health Leadership Award, to Senator Max Baucus (D-MT), chair of the Medicare-writing Senate Finance Committee, for his leadership in advancing strong Medicare and rural health
programs, his attention to equitable reform of the Medicare anesthesia payment teaching rules, and his open door to CRNAs from Montana and around the country.

These messages were brought to Congress by CRNAs:

• Reverse the coming Medicare payment cuts on CRNA and physician services, estimated to be 10.6% come July 2008 and another 5% in January 2009;

• Restore funding for nursing and nurse anesthesia education, which was cut by the Administration’s 2009 budget proposal; and,

• Reform Medicare anesthesia payment teaching rules for both CRNAs and anesthesiologists equally, not favoring one provider over another.

**Senate Finance Chairman Lays Out Plan for Medicare Part D Reimbursement Fix**

No one is sure if cuts can be effected as yet, but on Friday (April 11th), Senate Finance Committee Chair Max Baucus (D-MT) outlined a package of Medicare legislation that would delay for 18 months a 10% Medicare physician payment cut that is scheduled to take effect July 1st. CRNAs will be directly affected by the cuts if Congress does not act to reverse the scheduled cuts.

The measure would prevent the cuts until January 2010 and increase payments by 1.1%. The bill would cost the U.S. Treasury about $8.4 billion over five years; halting the cuts without the increase would cost about $8 billion. The measure would use so-called “balloon financing,” which means CRNAs and physicians would face a Medicare payment cut of 21% in 2010 if the measure contains a pay increase and Congress fails to enact further Medicare payment reform by that time. The cut would be 20% without the fee increase.

Senator Baucus said that he would not allow the large pay cut to take place in 2010 and that next year he would address the Medicare physician pay funding mechanism more broadly. Baucus also said that he wants to increase Medicare payments to primary care physicians and link reimbursements to quality of care as provisions of the Medicare package, which he plans to have on the Senate floor by mid-May. Such a proposal was telegraphed by the government’s Medicare Payment Advisory Commission (MedPAC), which has expressed concern that Medicare and the nation face a shortage of internists and family practitioners.

The NPI: The Number CRNAs Need May 23rd!

For over a year CRNAs have been required to include their National Provider Identifier (NPI) on all Medicare claims in the primary provider fields. However, the Centers for Medicare & Medicaid Services (CMS) continues to be concerned about the low percentage of claims being submitted with an NPI alone in the primary provider identifier fields.

According to the Medicare agency, if your claims are being successfully processed with NPI/legacy pairs, and most are, now is the time for CRNAs to begin sending a small batch of claims with NPI alone. If the claim is processed and you are paid, you should continue to increase the volume of claims sent with only your NPI. Please keep in mind that if the Medicare NPI Crosswalk cannot match your NPI to your Medicare legacy number, the claim with an NPI-only will be rejected. If the claims are rejected, go into your NPPES record and validate that the information you are sending on the claim is consistent with the information in NPPES. If it is different, make the updates in NPPES and resend a small batch of claims 3-4 days later. If your claims are still rejected you may need to update your Medicare enrollment information to correct this problem.
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